

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00457705

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

PRE-Election

☐

Convention (12C)

☐

Special (12S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

(d) 30-Day

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

[]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Salvatore Purpura

Signature of Treasurer

Salvatore Purpura

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2012 To: M M / D D / Y Y Y Y Y Y
02 29 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		234671.63
(b) Cash on Hand at Beginning of Reporting Period.....	174338.68	
(c) Total Receipts (from Line 19)	11781.60	16687.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	186120.28	251358.77
7. Total Disbursements (from Line 31)	30082.01	95320.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156038.27	156038.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5909.00	6459.00
(ii) Unitemized	778.60	1058.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	6687.60	7517.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	11687.60	13517.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	94.00	3056.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	113.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	11781.60	16687.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	11781.60	16687.14

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	25082.01	70320.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25082.01	70320.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	25000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30082.01	95320.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30082.01	95320.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11687.60	13517.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11687.60	13517.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	25082.01	70320.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	94.00	3056.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	24988.01	67264.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City

LAKE VILLA

State

IL

Zip Code

60046-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

02 / 16 / 2012

Transaction ID : SA11.3078879

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City

LAKE VILLA

State

IL

Zip Code

60046-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

02 / 16 / 2012

Transaction ID : SA11.3078880

Amount of Each Receipt this Period

101.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City

LAKE VILLA

State

IL

Zip Code

60046-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

02 / 16 / 2012

Transaction ID : SA11.3078881

Amount of Each Receipt this Period

103.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

304.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City State Zip Code
LAKE VILLA IL 60046-7298

FEC ID number of contributing federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 16 2012

Transaction ID : SA11.3078882

Amount of Each Receipt this Period

105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City State Zip Code
LAKE VILLA IL 60046-7298

FEC ID number of contributing federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 16 2012

Transaction ID : SA11.3078883

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City State Zip Code
LAKE VILLA IL 60046-7298

FEC ID number of contributing federal political committee.

C

Name of Employer

UPP BUSINESS SYSTEMS

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 16 2012

Transaction ID : SA11.3078884

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MRS. LISA WENDT

Mailing Address 1 MUIR LOOP

City

SAN FRANCISCO

State

CA

Zip Code

94129-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SA11.3078878

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5909.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PINNACLE WEST PAC

Mailing Address 400 N. 5TH STREET

City
PHOENIX

State
AZ

Zip Code
85004-3902

FEC ID number of contributing
federal political committee.

C

C00015933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SA11.3078909

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMON G HARPER

Mailing Address 5317 E FOREST PLEASANT PL

City CAVE CREEK State AZ Zip Code 85331

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 14 2012
Transaction ID : SB21.19

Amount of Each Disbursement this Period

190.00

Full Name (Last, First, Middle Initial)

B. AMBER JOHNSON

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22216

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 15 2012
Transaction ID : SB21.11

Amount of Each Disbursement this Period

3209.30

Full Name (Last, First, Middle Initial)

C. AMBER JOHNSON

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22216

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 29 2012
Transaction ID : SB21.12

Amount of Each Disbursement this Period

3209.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6608.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SALVATORE PURPURA

Mailing Address 3870 NW 99TH AVE

City	State	Zip Code
CORAL SPRINGS	FL	33065

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

Transaction ID : SB21.4

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

B. MARSHALL SALTER

Mailing Address 308 W MYRTLE ST

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Transaction ID : SB21.3

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

C. ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2012

Transaction ID : SB21.13

Amount of Each Disbursement this Period

928.32

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7628.32

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

877.32

M M / D D / Y Y Y Y
02 14 2012

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

4342.07

6188.39

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. AMERICAN AIRLINES

Date of Disbursement

Transaction ID : SB21.101

Category/
Type

Amount of Each Disbursement this Period

1923.20

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

B. MACNAIR TRAVEL AGENCY

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21.102

Category/
Type

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

C. O'NEILL PRINTING

Date of Disbursement



Transaction ID : SB21.100

Category/
Type

Amount of Each Disbursement this Period

2348.87

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City State Zip Code
 ALEXANDRIA VA 22314

Purpose of Disbursement
 WEB CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 02 13 2012

Transaction ID : SB21.22

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City State Zip Code
 ALEXANDRIA VA 22314

Purpose of Disbursement
 CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 02 03 2012

Transaction ID : SB21.7

Amount of Each Disbursement this Period

18.11

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
 MCLEAN VA 22101

Purpose of Disbursement
 BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 02 15 2012

Transaction ID : SB21.2

Amount of Each Disbursement this Period

45.30

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1713.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 23 2012
Transaction ID : SB21.10

Amount of Each Disbursement this Period

181.15

Full Name (Last, First, Middle Initial)

B. ELAVON

Mailing Address 1 CONCOURSE PKWY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 02 2012
Transaction ID : SB21.6

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 09 2012
Transaction ID : SB21.9

Amount of Each Disbursement this Period

262.15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

262.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : SB21.15

Amount of Each Disbursement this Period

853.30

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : SB21.17

Amount of Each Disbursement this Period

853.30

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2012

Transaction ID : SB21.21

Amount of Each Disbursement this Period

139.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1845.81

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City	State	Zip Code
BALTIMORE	MD	21201

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2012

Transaction ID : SB21.16

Amount of Each Disbursement this Period

286.65

Full Name (Last, First, Middle Initial)

B. MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City	State	Zip Code
BALTIMORE	MD	21201

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2012

Transaction ID : SB21.18

Amount of Each Disbursement this Period

286.65

Full Name (Last, First, Middle Initial)

C. US MONITOR

Mailing Address 86 MAPLE AVE

City	State	Zip Code
NEW YORK	NY	10956

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

Transaction ID : SB21.20

Amount of Each Disbursement this Period

13.88

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

587.18

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. YUMA SOLUTIONS INC

Date of Disbursement



Transaction ID : SB21.5

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

248.00

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

248.00

TOTAL This Period (last page this line number only).....

25082.01

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. BOB CORKER FOR SENATE

Date of Disbursement

Transaction ID : SB23.1

Amount of Each Disbursement this Period

BOB CORKER

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

5000.00